



Department of Defense INSTRUCTION

September 27, 1988
NUMBER 1341 .4

ASD(FM&P)

SUBJECT : Test Program for Reimbursement for Adoption Expenses

References: (a) Public Law (P. L.) 100-180, "National Defense Authorization Act for Fiscal Years 1988 and 1989 ," Section 638, December 4, 1987
(b) Public Law (P. L.) 100-202, "Department of Defense Appropriation Act 1988, " Section 8111, December 22, 1987
(c) Social Security Act, Section 473(c) (42 U.S. C. 673(c))

A. PURPOSE

This Instruction implements references (a) and (b) and establishes policy and assigns responsibility for implementation of the test program for reimbursement of adoption expenses.

B. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense (OSD) , the Military Departments, the Organization of the Joint Chiefs of Staff (OJCS), the Unified and Specified Commands, the Defense Agencies, and the DoD Field Activities.

C. POLICY

It is DoD policy that:

1. An active duty member of the Armed Forces who initiates adoption proceedings after September 30, 1987, and before October 1, 1989, may be reimbursed up to \$2,000 per child (with a maximum reimbursement to one Service Member of \$5,000 in any calendar year) for qualifying adoption expenses incurred by the Member in the adoption of a child under 18 years of age. No more than one member may be reimbursed for the expenses related to the adoption of the same child.

2. Adoptions that qualify for reimbursement under the test program include adoptions by a married couple and by a single person, adoption of an infant or older child (one who is under 18 years of age) , a United States or intercountry adoption, and an adoption of a child with special needs, as defined in the Social Security Act (reference (c)). The adoption of stepchildren does not qualify for reimbursement under this program.

3. Benefits paid under the test program may be paid only after the adoption is final. A benefit may not be paid under the test program for any expense paid to or for a member of the Armed Forces under any other adoption benefits program administered by the Federal Government or under any such program administered by a State or local government.

4.' Only active duty members serving on continuous active duty for at least 180 days may apply for reimbursement or be reimbursed.

D. RESPONSIBILITIES

1. The Secretaries of the Military Departments shall:

- a. Ensure compliance with this Instruction.
- b. Issue guidance implementing this Instruction.
- c. Designate a point of contact and disseminate the name and phone number of that individual.
- d. Maintain data on expenditures made under this Instruction on a fiscal year basis.
- e. Provide information on the number and total amount of reimbursement on a fiscal year basis for the DoD report to be submitted to Congress under paragraph D.2.b., below.

2. The Assistant Secretary of Defense (Force Management and Personnel) (ASD (FM&P)) shall:

- a. Oversee compliance with this Instruction.
- b. Evaluate the test program in terms of numbers reimbursed and the impact on morale and retention and report to Congress by January 1, 1990.

3. The Assistant Secretary of Defense (Comptroller) (ASD(C)) shall allocate obligation limitations to the Military Departments for the test program as required.

E. PROCEDURES

1. Adoption proceedings must be initiated after September 30, 1987, and before October 1, 1989, to be eligible for reimbursement of adoption expenses under this test program.

2. The military member should register for adoption expense reimbursement, using Enclosure 2, as soon as both the home study and placement of the child have occurred.

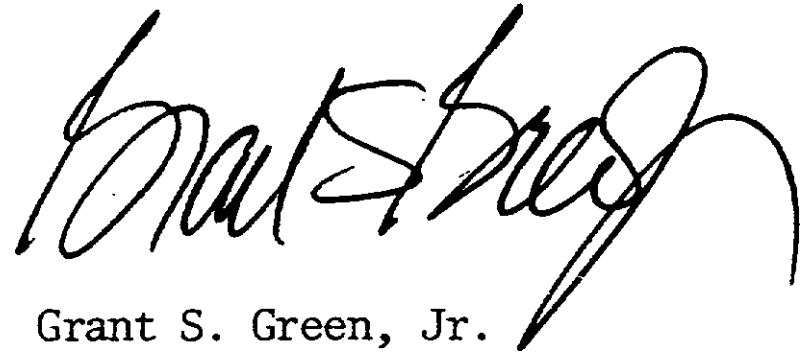
3. Authorized funds, to the extent of their availability, shall be obligated by the Military Department upon registration by the military member. Obligations shall not exceed \$2,000 per registration with a maximum of \$5,000 per member for any calendar year.

4. Benefits under this test program may be paid only after the adoption is final. The military member must submit a reimbursement request not later than 180 days after finalization of the adoption. A separate reimbursement request shall be completed for each child whose adoption has been finalized.

5. Disbursements **shall be** supported by standard disbursement voucher forms unless the use of different forms has been specifically authorized by an official of the paying Military Department. The original or copy of the member's signed reimbursement request shall be appended as supporting **documentation** to the disbursement voucher form.

F. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective immediately. The Secretaries of the Military Departments shall forward two copies of implementing documents to the Assistant Secretary of Defense (Force Management and Personnel) within 90 days)



Grant S. Green, Jr.
Assistant Secretary of Defense
(Force Management and Personnel)

Enclosure - 4

1. Definitions
2. Registration Request for Reimbursement of Adoption Expenses
3. Reimbursement Request for Adoption Expenses
4. Adoption Reimbursement Test Program Questionnaire

DEFINITIONS

1. Armed Forces. Army, Navy, Air Force, and Marine Corps.
2. Initiates adoption proceedings. The date of the initial home study report or the placement of the child in the military member's home for adoption, whichever occurs later.
3. Qualifying adoption expenses.

a. Reasonable and necessary expenses directly related to the legal adoption of a child, but only if such adoption is arranged by one of the following procedures:

(1) By a State or local government that has responsibility under State or local law for child **placement** through-adoption.

(2) By a nonprofit, voluntary adoption agency authorized by State or local law to place children for adoption.

(3) Through private placement (any placement of a child for the purpose of adoption that is outside the auspices of a public- or State-licensed agency, but is not in violation of applicable Federal, State or local law).

b. Do not include any expense incurred for the following:

(1) Any travel performed outside the United States by an adopting parent, unless such travel:

(a) Is required by law as a condition of a legal adoption in the country of the child's origin, or is otherwise necessary for qualifying for the adoption of a child.

(b) Is necessary for assessing the health and status of the child to be adopted.

(c) Is necessary for escorting the child to be adopted to the United States or the place where the adopting member of the **Armed Forces** is stationed.

(2) An adoption arranged in violation of Federal, State or local law.

c. Reasonable and necessary expenses that were incurred prior to entry on active duty and/or prior to October 1, 1987, are allowable if eligibility requirements are met.

4. Reasonable and Necessary Expenses. This term means:

a. Public and private agency fees, including adoption fees charged by an agency in a foreign country.

b. Placement fees, including fees charged adoptive parents for counseling.

DEFINITIONS, continued

c. Legal fees, including court costs.

d. **Medical 'expenses, including hospital expenses of a newborn infant, for medical care given to the adopted child before the adoption, and for physical examinations for the adopting parents.**

e. **Expenses relating to pregnancy and childbirth for the biological mother, including counseling, transportation, and maternity home costs.**

f* Temporary foster care charges when payment of such charges is required to be made immediately before the child's placement.

g. **Except as precluded in definition 3.b.(1) above, transportation expenses relating to the adoption.**

h. **In addition to the above expenses, other expenses approved by ASD(FM&P) or designee.**

REIMBURSEMENT REGISTRATION FOR ADOPTION EXPENSES

I hereby register my intention to apply for reimbursement of adoption expenses under the provisions of DoD Instruction **1341.xx**, "Test Program for Reimbursement for Adoption Expenses." I **am** an active duty member of the Armed Forces on continuous active duty **for** at least 180 days. The date of my home study report is: _____. The date of placement of the child in my home for purposes of adoption is: _____. The latter of these two dates falls within the test program period of October 1, 1987 through September 30, 1989. Documentation supporting these two events is furnished. (A letter stipulating the dates of the home study report and the placement of the child from the agency, or the lawyer for an independent adoption, is sufficient for this purpose.)

To the best of my knowledge, no other military member has requested or will request reimbursement for expenses related to the adoption of the same child. I understand that reimbursement is limited to \$2,000 per child with a maximum reimbursement to one member of \$5,000 in any calendar year, and is further limited by fund availability for this purpose.

I agree to request reimbursement upon adoption finalization, but in no case later than **180** days following adoption finalization. (For qualifying adoptions finalized prior to the issuance of implementing instructions for DODI **1341.xx**, the **limit** is 180 days from the Service implementation date.) Failure to request reimbursement within the specified period may result in loss of benefits.

INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

Authority: 5 **U.S.C.** 5701-5742, 37 **U.S.C.** 404-427, **E.O.** 9397, and **P.L.** 100-180, Section 638.
Principal Purpose: Used for reviewing, approving, accounting and disbursing for adoption reimbursement, SSN is used to maintain a numerical identification system for individual claims (**P.L.** 100-180, Section 638).
Routine Uses: To substantiate claims for adoption reimbursements.
Disclosure: Voluntary. Failure to furnish information requested **may** result in total or partial denial of amount claimed.

Signature of Member _____ Date

Member's Name (Print or Type)

Member's Name (Print or Type)

Address

Phone _____ Social Security Number

REIMBURSEMENT REQUEST FOR ADOPTION EXPENSES

1. I am an active duty member serving on continuous active duty for at least 180 days in the:

- a. _____ Army
- b. _____ Navy
- c. _____ Air Force
- d. _____ Marine Corps

NOTE : Expenses of adoptions by non-active duty members are not allowable for reimbursement.

2. The date that adoption proceedings were initiated is: _____.

NOTE : Adoption proceedings must have been initiated after September 30, 1987 and before October 1, 1989. Adoption proceedings are deemed to be initiated upon the date of the **initial** home study report **or the** placement of the child in the military member's home, whichever occurred later.

3. The date that the adoption was finalized is: _____.

NOTE : Reimbursement of adoption expenses may be paid only after the adoption is final.

4. The adoption was arranged by:

- a. _____ A State, local, or foreign government agency that has responsibility under State, local, or foreign country law for child placement through adoption.
- b. _____ A non-profit, voluntary adoption agency that is authorized by State, local, or foreign country law to place children for adoption.
- c. _____ Private placement (any placement of a child for the purposes of adoption that is outside the auspices of a public- or **State-**licensed agency, but is not in violation of applicable Federal, State, local or foreign country law).

5. The following **expenses were incurred (documentation attached)**:

- a. \$ _____ **Public and private agency fees, including adoption fees charged by an agency in a foreign country.**
- b. \$ _____ **Placement fees, including fees charged adoptive parents for counseling.**
- c. \$ _____ **Legal fees, including court costs.**
- d. \$ _____ **Medical expenses, including hospital expenses for the newborn infant, for medical care furnished the adoptive child before the adoption, and for physical examinations for the adoptive parents.**

- e. \$ _____ Expenses relating to pregnancy **and** childbirth for the biological mother, including counseling, transportation, and maternity home costs.
- f. \$ _____ **Temporary foster care charges when such care is required** immediately before the child's placement.
- g. \$ _____ Transportation expenses for travel within the United States.
- h. \$ _____ Transportation expenses for travel outside the United States by adoptive parents, only when such travel was:
(1) required by law as a condition of a legal adoption in the **child's** origin, or is otherwise necessary for the purpose of qualifying for the adoption of the child;
(2) necessary for the purpose of assessing the health and status of the child to be adopted; or
(3) necessary for the purpose of escorting the child to be adopted **to** the United States or the place where the adopting member of the 'Armed Forces is stationed.
- i. \$ _____ Other expenses. (Expenses other than the preceding must be approved by the **ASD(FM&P).**)
- j- \$ _____ Subtotal of Expenses Listed Above
(Items 5a. through 5.h.)
- k. \$ _____ amount of reimbursement previously applied for and/or received under any other adoption benefits program administered by the Federal Government or under any such program administered by a State or local government.
- l. \$ _____ Total Expenses (Subtotal in (i) **minus** any reimbursements in (j)).

INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

Authority: 5 U.S.C. 5701-5742, 37 U.S.C. 404-427, E.O. 9397, and P.L. 100-180, Section 638.

Principal Purpose: **Used for reviewing, approving, accounting and disbursing for adoption reimbursement, SSN is used to maintain a numerical identification system for individual claims.**

Routine Uses: To substantiate claims for adoption reimbursements:

Disclosure: Voluntary. Failure to furnish information requested may result in total or partial denial of amount claimed.

I certify that the above information and expenses are true and correct to the best of my knowledge. I understand and agree that reimbursement of expenses is limited to \$2,000 per adopted child with a maximum reimbursement of \$5,000 in any calendar year. I agree not to seek further reimbursement under this test program for the adoption of this child. To the best of my knowledge, I am the only active duty member of the Armed Forces claiming reimbursement of \$ _____.

Signature of Member _____ Date _____

Member's Name (Print or Type) _____ SSN _____

Member's Unit Address _____

Address to which reimbursement should be sent _____

PAYMENT AUTHORIZATION AND CERTIFICATION

I certify that, based upon : nformation provided and documental: on attached,
reimbursement totaling \$ _____ is proper and correct for

(Name of Active Duty Member)

Signature of Certifying Official _____ Date _____

Certifying Official (Type or Print) _____

Duty Station _____

ADOPTION REIMBURSEMENT TEST PROGRAM QUESTIONNAIRE

The purpose of the test program is to determine the cost effectiveness of this reimbursement as an enhancement to morale and retention.

1. Has the provision of this reimbursement improved your morale?
_____ **yes** _____ no Comments:
2. Will this reimbursement increase the likelihood of your remaining on active duty? _____ yes _____ no Comments:
3. The adoption was via:
 - a. _____ public social service agency
 - b. _____ private agency
 - c. _____ independent adoption
4. The number of _____ months from your initial application with an agency or contact with a lawyer (independent adoption) to placement of the child in your home: _____ months
5. The nationality of your child _____
6. Your approximate total costs for the adoption (including expenses not covered by this test program) \$ _____
7. Have you had the experience of starting an adoption in one state and having to start over again after a move to a new location? _____ yes
_____ no Comments:

Additional Comments:

INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

Authority:	5 U.S.C. 5701-5742, 37 U.S.C. 404-427 and E.O. 9397.
Principal Purpose:	Used for report to Congress (P.L. 100-180, Section 638).
Routine Uses:	To enable OASD(FM&P) (FSES&S) (OFP&S) to learn needs and concerns of military adoptive parents for future policy considerations.
Disclosure:	Voluntary.

Signature of Member _____ **Date** _____

Member's Name (Print or Type) _____ SSN _____

Member's Unit Address _____

*****Please** send this questionnaire, signed or unsigned, to:

Office of Family Policy and Support
OASD (FM&P) (**FSE&S**)
Room 3A272, The Pentagon
Washington, **D.C.** 20301-4000